

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-006582

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1234 STATE FILE NUMBER

FILED MAR 15 1963

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b. 2 days	c. CITY OR TOWN Independence
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jackson Co. Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 10936 East 9th Street
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)	First FRANCIS	Middle L.	Last GREEN	4. DATE OF DEATH Month Feb.	Day 21	Year 1963
--	-------------------------	---------------------	----------------------	--	------------------	---------------------

5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH April 9, 1906	9. AGE (last birthday) 56	IF UNDER 1 YEAR Months 56	IF UNDER 24 HR Days 56	Hours 56	Min. 56
-----------------------	----------------------------------	---	--	-------------------------------------	--	-------------------------------------	--------------------	-------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Supervisor	10b. KIND OF BUSINESS OR INDUSTRY Restaurant	11. BIRTHPLACE (City and state or country) Kansas City, Mo.	12. CITIZEN OF WHAT COUNTRY U. S. A.
--	--	---	--

13a. FATHER'S NAME Francis L. Green, Sr.	13b. MOTHER'S MAIDEN NAME Nancy Krisby	14. NAME OF HUSBAND OR WIFE Beatrice M. Green
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No	16. SOCIAL SECURITY NO. H	17. INFORMANT Beatrice M. Green-10903 E. 9th, Indep. Mo.	Address 10903 E. 9th, Indep. Mo.
--	-------------------------------------	--	--

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia	INTERVAL BETWEEN ONSET AND DEATH 2 days
---	---

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	DUE TO (c)
--	------------	------------

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I. Epilepsy 20 yrs	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
---	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
--	---	--

20c. TIME OF INJURY Hour p.m.	Month; Day, Year 2-20-63
--	------------------------------------

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Independence Mo.	COUNTY Indep. Missouri	STATE Mo.
--	--	---	----------------------------------	---------------------

21. I attended the deceased from 2-20-63 to 2-21-63 and last saw her alive on 2-21-63	Death occurred at 2-21-63 on the date stated above, and to the best of my knowledge, from the causes stated.
--	---

22a. SIGNATURE (Degree or title) Charles A. Kendal M.D.	22b. ADDRESS Independence Mo.	22c. DATE SIGNED 2-23-63
---	---	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 25, 1963	23c. NAME OF CEMETERY OR CREMATORY Oak Ridge Mem. Gardens	23d. LOCATION (City, town, or county) (State) Indep. Missouri
--	-----------------------------------	---	---

24. FUNERAL DIRECTOR Geo. C. Carson & Sons-Indep. Missouri	25. DATE RECD. BY LOCAL REG. 2-25-63	26. REGISTRAR'S SIGNATURE Ruth A. Long
--	--	--

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

Charles A. Kendal

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Kenneth R. Lamm

Licensed Embalmer No.

5207

P. O. Address

Indianapolis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

